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STATEMENT OF

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| FORM 1 | | | DRGANIZ | ATION | 1 | . JOL 12 | Office Use Only |
|-------------------------------|-------------|----------|--|--------------------------------|--|--------------------|----------------------------------|
| 1. NAME OF COMMITTEE (in | ı full) | | (Check if name is changed) | Example: If typover the lines. | | 12FE4M5 | |
| Bill Nelson | for US | SSE | enate | | | | |
| | | <u></u> | | | | | |
| ADDRESS (number a | nd street) | 972 W | /. Whitmire Drive | | | | |
| (Check if a is changed | | Melbo | oume | | | FL | 32935 |
| | | | | CITY | | STATE | ZIP CODE |
| COMMITTEE'S E-MA | AIL ADDRES | | se provide only one on on 500@cfl.rr.com | e-mail address) | | | |
| (Check if address is changed) | | gagii | 1 1 1 1 1 1 | | | | |
| | ed) | | | | | | |
| COMMITTEE'S WEE | B PAGE ADD | | | | | | |
| (Check if address is changed) | | http:// | nelsonforsenate.com | | | | |
| | | L | | | 111 | 1 1 1 1 1 | |
| 2. DATE | 6 01 | · [| 2012 | | | | |
| 3. FEC IDENTIFI | CATION NU | IMBER | C | C00344051 | | | |
| 4. IS THIS STATE | MENT | NE | EW (N) OR | ∑ AME | ENDED (A) | | |
| I certify that I have | examined th | is State | ement and to the bes | st of my knowledge | e and belief i | t is true, correct | and complete. |
| Type or Print Name | of Treasure | . Peg | gy Gagnon | | | | |
| Signature of Treasu | Peggy C | Gagnon | liggy Jagn | | | Date 07 | 06 / 2012 . |
| NOTE: Submission of | | | incomplete information | | | | the penalties of 2 U.S.C. §437g. |
| Office Use Only | | | | Federal E Toll Free | er Information of lection Commiss 800-424-9530 8-694-1100 | | FEC FORM 1 (Revised 02/2009) |